

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563433

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8	1						58						
9		1					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		3					65						
16		4					66						
17		5					67						
18		6					68						
19		7					69						
20		8					70						
21		9					71						
22		10					72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27	1						77						
28		1					78						
29		1					79						
30		2					80						
31		3					81						
32		4					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37	1						87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS		11					TOTAL CLAIMS						

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